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CENTERS FOR DISEASE CONTROL AND PREVENTION CHEMICAL TERRORISM URINE SPECIMEN COLLECTION AND SHIPPING MANIFEST		
DATE SHIPPED: _____		
SHIPPED BY: _____		
CONTACT TELEPHONE: _____		
SIGNATURE: _____		
DATE RECEIVED: _____		
RECEIVED BY: _____		
SIGNATURE: _____		
TOTAL NUMBER OF SPECIMENS IN THIS CONTAINER:	URINE CUPS:	
TOTAL NUMBER OF BLANK URINE CUPS PROVIDED IN THIS CONTAINER:	BLANK URINE CUPS:	
COMMENTS: _____		

SHIPPING ADDRESS: CDC
ATTN: Charles Dodson
4770 Buford Hwy
Building 103 Loading Dock
Atlanta, GA 30341
(770) 488-4305

PLEASE INDICATE THE AMOUNT OF URINE COLLECTED IN THE UC COLUMN UC = URINE CUP		
Patient/Victim ID Label	UC (Amount)	Comments:
		_____ _____ _____
		_____ _____ _____
		_____ _____ _____
		_____ _____ _____
		_____ _____ _____

NOTE: Please include 2 empty urine cups from each lot number collected for background contamination measurement.